



TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 09-SEP-2016		TIME 23:31:00		2. ADDRESS OF OCCURRENCE 2534 W DIVISION ST CHICAGO, IL 60622		3. LOCATION CODE 304		4. BEAT/OCCUR 1423		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO																				
	6. POSITION 9161		7. LAST NAME FREEMAN		8. FIRST NAME SHARMAUN D		9. STAR NO. 11568		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE BLK		12. AGE 505		13. HT. 180																
	15. DATE OF APPT. 25-JUN-2001		16. EMPLOYEE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 193 6580		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																				
	21. LAST NAME ARQUERO		22. FIRST NAME MICHAEL		23. M.I. [REDACTED]		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE WWH		26. D.O.B. 14-SEP-1983		27. HT. 510		28. WT. 225																
SUBJECT INFORMATION	29. ADDRESS 2943 N FAIRFIELD AVE CHICAGO, IL 60618				30. TELEPHONE NO. [REDACTED]		31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																		
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL NOT DETERMINED IF SH																										
	36. BY WHOM? DR. DENNIS				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Attn																										
	38. CHARGES PLACED 720 ILCS 5.0/9-1-A-1				<input type="checkbox"/> DNA				39. CB NO. 19368968				IR NO. <input type="checkbox"/> DNA																		
REASON FOR USE OF FORCE (Check all that apply)	40. SUBJECT'S ACTIONS																														
	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT/ASSAULT				ASSAILANT BATTERY				ASSAILANT DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____														
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMRAH <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____				FIREARM <input checked="" type="checkbox"/> OTHER _____																		
WEAPON DISCHARGE INCIDENT	41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																				
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member																						
	46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				49. WEATHER CONDITIONS CLEAR																				
	50. MAKE/MANUFACTURER GLOCK, INC.-AU-				51. MODEL 30		52. BARREL LENGTH 4		53. CALIBER/GAUGE 45 ACP																						
54. TASER DART ID NO.				55. WEAPON SERIAL NO. (Include Letters) RFZ765				56. CHICAGO GUN REG. NO. RO202265				57. IL FIREARM OWNER ID. NO. 25740119				58. HANDGUN CERTIFICATE NO.															
59. SPECIAL WEAPON CERTIFICATE NO.				60. PROPERTY INVENTORY NO.				61. TYPE OF AMMUNITION USED Department Issued				62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1				63. TOTAL NO. OF SHOTS MEMBER FIRED 4															
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER				65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				66. NO OF CARTRIDGES/SHOT SHELLS RELOADED				67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)																			
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD												70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE																72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input checked="" type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION																74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. 1625318658	
	78. ADDITIONAL INFORMATION MEMBER OBSERVED OFFENDER/ASSAILANT FIRING A HANDGUN AT OCCUPANT OF VEHICLE, STRIKING HIM. MEMBER FIRED HIS HANDGUN IN DIRECTION OF OFFENDER IN DEFENSE OF THIS VICTIMS LIFE. IT IS NOT KNOWN IF ASSAILANT WAS STRUCK BY OFFICER OR ADDITIONAL OFFENDER(S).				
SIGNATURES	79. REPORTING MEMBER (Print Name) CHUDZIK, WALTER T 10-SEP-2016 06:13:43		STAR/EMPLOYEE NO. 2273	SIGNATURE 	76. R.D. NO. HZ427779
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) CHUDZIK, WALTER T		STAR NO. 2273	SIGNATURE 	DATE REVIEWED TIME 10-SEP-2016 06:15:36	

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject in surgery.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

As of this report, no further action by the undersigned is required. Investigation into this incident will be done by Area North Detective Division and appropriate criminal charges have not yet been determined. Based on the facts available at this time, further investigation is needed.
U# 16-017

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. **1082195** OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

10-SEP-2016 06:28:38